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CONFIRMATION NO. 4250

SERIAL NUMBER 10/617,986	FILING DATE 07/10/2003 RULE	CLASS 405	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 03/157
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/348,414 01/21/2003 ABN
 which claims benefit of 60/352,751 01/30/2002 ✓

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/05/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
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ADDRESS

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TITLE

Shallow water riser support

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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